

Integrating Buprenorphine Into an Abstinence Based, Ambulatory Treatment Program

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Basics of This Model

- Buprenorphine is embedded in a comprehensive, ambulatory, “abstinence based,” medically centered program
 - Opioid patients are 27% of total patients
- Buprenorphine is used to stabilize the patient until sufficient recovery skills are developed to discontinue the medication

Five Distinctive Design Features

1. One Stop Shop
2. It Takes a Program
3. Holding on to the Patient
4. Medical in the Middle
5. Haste Makes Relapse

1. One Stop Shop

A single facility and staff encompasses all 3 phases of treatment by utilizing 3 levels of ambulatory care:

1. Detoxification/Induction

- Ambulatory Detoxification/Partial Hospitalization (ASAM Levels II-D and II.5) for 1 to 2 days

2. Rehabilitation

- Intensive Outpatient (ASAM Level II.1) for 2 months

3. Continuing Care

- Outpatient (ASAM Level I) for 1 to 4 years

2. It Takes a Program

- The cornerstone of treatment is rehabilitation
- The heart of rehabilitation are group sessions which are configured to create a milieu
 - Individual sessions are ancillary
- Family involvement is required for young adults and encouraged for all
- Participation in community support groups is expected but not required

3. Holding on to the Patient

- Prompt response to initial inquiries
 - Phone is answered during work hours by a person, not automated voice triage
 - Intake appointment is scheduled within one day
- Emphasis on rapid relief of withdrawal discomfort
 - Dose is increased high enough to eliminate craving
- Overlap is structured between all 3 treatment phases to prevent “falling through the cracks”

4. Medical in the Middle

- Physicians, not administrators, are in charge of the design and operation of the clinical program
- Medical staff are centrally involved, not just consultants, in the delivery of clinical services
- Co-morbid psychiatric conditions are treated simultaneously and within the context of the rehabilitation program

5. Haste Makes Relapse

- Patients are encouraged to remain on buprenorphine beyond detoxification
 - The absence of post acute withdrawal symptoms renders patients more able to participate in the rehabilitation phase
- Key question: How long should a person stay on buprenorphine?
 - No single answer

Results (598 Patients)

- Improvement in ability of patients to participate productively in group sessions
- Increase in rate of program completion
 - Heroin: 21% → 56%
 - Prescription opioids: 37% → 66%
- No reduction in program completion rates for non-opioid patients

Paying for Treatment

- The ability to almost eliminate inpatient treatment makes insurance companies and managed care organizations willing to pay for these services
 - Detoxification: \$696 + cost of medication
 - Rehabilitation: \$4,400
- Patient co-pays are generally affordable
 - Charitable foundation was recently established to help patients with limited insurance complete treatment

Ongoing Issues

- How long to stay on buprenorphine
- Mixed but increasing acceptance by 12 step groups
- Resistance from residential treatment programs to use buprenorphine beyond detoxification